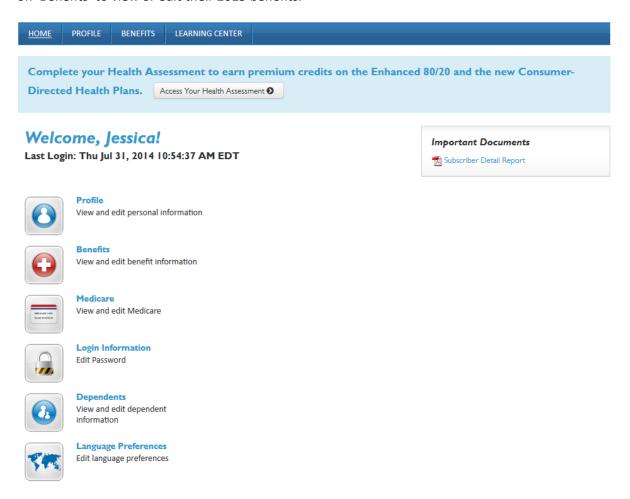
Member logs into the application and is able to access their Health Assessment. The member will click on 'Benefits' to view or edit their 2015 benefits.



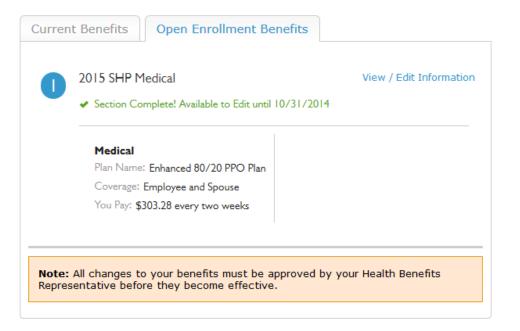
The member is taken to their Benefits page and will see 2 tabs; Current Benefits and Open Enrollment Benefits. To edit their 2015 election or complete Premium Wellness Credits the member will click on *View/Edit Information* on the Open Enrollment Benefits tab.



Open Enrollment Benefits

Enrollment Complete!

You have completed enrollment for the next benefit year. To make changes to any of your benefits select "view details", then "view/edit information".



Key actions available:

- Complete Premium Wellness Credits the member will click *Edit* next to *Premium credits*
- Select a new plan by clicking *Edit* next to the currently selected *Plan*
- Add or remove dependents by clicking Edit next to Dependents

2015 SHP Medical

Your benefit summary is shown below. To make changes, click Edit.



Medical

Medical: Accepted / Edit

Plan: Enhanced 80/20 PPO Plan / Edit

Coverage Level: Employee and Spouse

You Pay: \$312.51 every two weeks

Cost Details	
Plan Cost	319.43
Primary Care Provider	(\$6.92)
Smoker Attestation	(\$0.00)
Health Assessment	(\$0.00)
You Pay	\$312.51

Premium credits / Edit

Primary Care Provider: Jessica Smith: Ronald Johnson

John Smith: Ronald Johnson

Edit

Effective Date: 01/01/2015

Medicare / Edit	Additional Insurance / Edit
None	None

Dependents 💉 Edit

Name	Relationship	Status
John Smith	Spouse	
To edit a person's Name or SSN, click the person's name.		

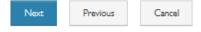
Updating Premium Wellness Credits:

1 0

Premium Credits

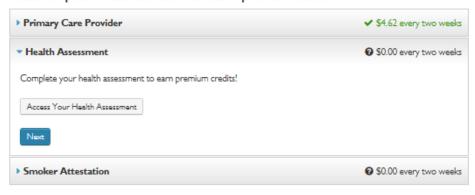
Please complete the activities below to receive premium credits.





Premium Credits

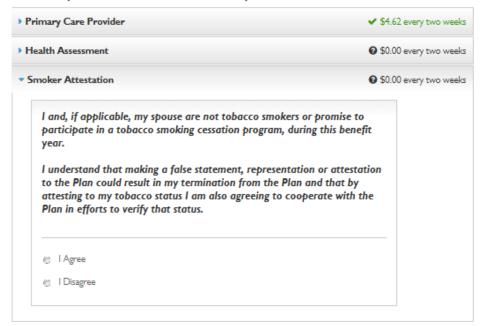
Please complete the activities below to receive premium credits.



7

Premium Credits

Please complete the activities below to receive premium credits.



Next Previous Cancel

Once the member has responded to the Wellness Incentives he will be able to review his total cost and/or make additional changes.



2014 SHP Medical

Your 2014 SHP Medical benefit summary is shown below. To make changes, click Edit. Please note that your benefits have not been saved. You must click Save to complete the section.

A Please review the information below. If you would like to make any changes, click Edit. Once you are finished, acknowledge that you have reviewed the information and click



Medical

Medical: Accepted 🗸 Edit

Plan: Consumer Directed Health Plan (CDHP) with HRA 🧪 Edit

Coverage Level: Employee Only

Your Cost: \$15.49 every two weeks

Cost Details	
Initial Cost	29.34
Primary Care Provider	(\$4.62)
Smoker Attestation	(\$9.23)
Health Assessment	(\$0.00)
Your Total Cost	\$15.49

Premium Credits / Edit

Primary Care Provider: Jessica BorTest9775: Jane Smith 🧪 Edit

Effective Date: 01/01/2014

Additional Insurance / Edit
None

Dependents / Add Dependent

None

Should the member choose to change his Coverage Level then he can add or remove dependents.



Medical: Who do you want to cover?

Note: You'll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

Select	Name	Relationship	Date of Birth	Gender	
V	Jessica Smith	Subscriber	01/01/1980	Female	
V	John Smith	Spouse	04/01/1979	Male	Actions ▼

Add Dependent

Decline Coverage

I would like to decline Medical coverage.

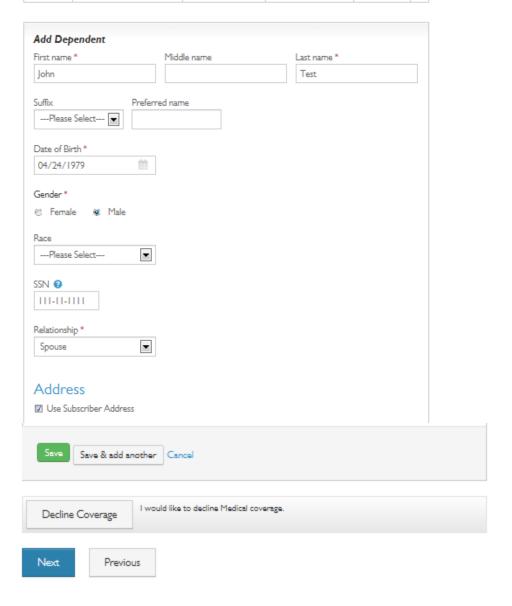
Next

Previous

Medical: Who do you want to cover?

If no one, select 'Next' to continue to enroll.

Select	Name	Relationship	Date of Birth	Gender	
~	Jessica BorTest9775	Subscriber	01/01/1980	Female	



Medical: Additional Insurance

Currently, do any of the persons covered for this benefit including yourself have other health insurance?

en Yes

No

Additional insurance information should NOT be supplied on non-medical policies such as Dental, Vision, Life, Cancer or Medicaid. You do not need to provide information on policies you have previously had with other State Health Plan agencies. Additional insurance information is used to coordinate benefits if you or your dependents have other medical coverage in addition to the State Health Plan, which will continue after you are enrolled in the State Health Plan.



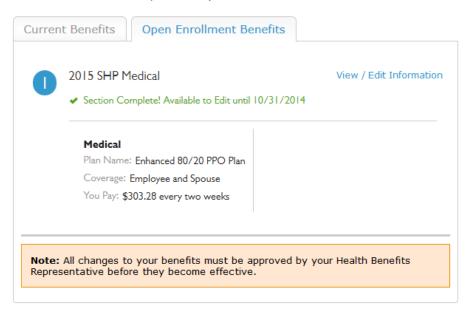
Once the member has completed making any edits to their 2015 benefits the member can then click *Return Home* to print their *Subscriber Detail Report*.



Open Enrollment Benefits

Enrollment Complete!

You have completed enrollment for the next benefit year. To make changes to any of your benefits select "view details", then "view/edit information".



Return home



HOME PROFILE BENEFITS LEARNING CENTER



Congratulations, Jessica! You have successfully completed your enrollment process.

Your confirmation number is: 509488610-75sc12. Please review and print your Benefit Detail Report for your records.

Print your enrollment details

Complete your health assessment to earn premium credits! Access Your Health Assessment 0



View and edit personal information

View and edit benefit information



Questionnaire

View / Edit



My Document Center

View and upload required documents



Medicare

Benefits

View and edit Medicare



Login Information

Edit Password



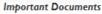
Dependents

View and edit dependent information



Language Preferences

Edit language preferences



📆 Subscriber Detail Report